

A PHI Company

PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Final Agreement - must be completed after installation and prior to interconnection)

Certificate of Completion

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Name: Len DeCapua	
Mailing Address: 10 Perth Drive	
	e: DE Zip Code: 19803
Telephone (Daytime): 302-478-0880	(Evening):
Facsimile Number:	E-Mail Address: lendecapua@hotmail.com
FACILITY INFORMATION	
Facility Address: 115 Cove Rd	
	state: DE Zip Code: 19930
DPL Account # of Facility Site: 23837169	9998
Energy Source: Photovoltaics Pr	rime Mover: Photovoltaics
DC Nameplate Rating: 4.86 (kW) (kVA	(kVA), AC Inverter Rating 5.0 (kW), AC System
Inverter Manufacturer: SMA	Model # & Rating: 5000TL-US-22
Number of Inverters: 1	
EQUIPMENT INSTALLATION CONTRACT	CTOR Check if owner-installed
Name: Liberty Services Co.	
Mailing Address: 5700 Kirkwood Hwy ST	E 106
City: Wilmington	State: DE Zip Code: 19808
Telephone (Daytime): 302-660-2187	(Evening):
Facsimile Number:	I O I'b and I an

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been ap	proved by the local electric inspector
having jurisdiction. A signed copy of the electric inspector attached. The Interconnection Customer acknowledges the	's form indicating final approval is
Generator Facility until receipt of the final acceptance and	
helow	
Signed: 9. 9. Celaplea	_{Date} 12/3/2014
(Signature of interconnection customer)	
Printed Name: Len DeCapua	
Type of Application: New/Initial Growth/Increase	System Capacity 4.86 KW (DC)
Check if copy of signed electric inspection form is attached	
and an early of signed disease inoposition form to disease	
ACCEPTANCE AND FINAL APPROVAL FOR INTERCO	NNECTION (for EDC use only)
The interconnection agreement is approved and the Small interconnected operation upon the signing and return of the	
Electric Distribution Company waives Witness Test? (Initia	- NA (C) NA-(
lf not waived, date of successful Witness Test:	al) Yes () No () Passed: (Initial) ()
EDC Signature:	Date: APR 20 2015 Title:
Printed Name: CATHY LONG	